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Please type a plus	sign (+) in	side this box *)

Signature

Date

March 30, 2004

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Based on PTO/SB/05
OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attorne	ey Docket No.	12-044		2
First In	ventor or Applic	ation Identifier	UENOYAMA	3.P
Title MAGNETIC SENSOR ADJUSTING METHOD, MAGNETIC SENSOR ADJUSTING DEVICE AND MAGNETIC SENSOR				
		1	-	= 6

Express Mail Label No. (Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b)) Commissioner for Patents **APPLICATION ELEMENTS** Mail Stop Patent Application Alexandria, VA 22313-1450 ADDRESS TO: See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) 5. Microfiche Computer Program (Appendix) 2. 44 Х Nucleotide and/or Amino Acid Sequence Submission [Total Pages (if applicable, all necessary) -Descriptive title of the Invention a. Computer Readable Copy b. Cross Reference to Related Applications Paper Copy (identical to computer copy) C. -Background of the Invention Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS -Summary of the Invention -Brief Description of the Drawings Assignment Papers (cover sheet & document(s)) 7. -Detailed Description of the Preferred Embodiment Assignee: DENSO CORPORATION 37 C.F.R.§ 3.73(b) Statement (when there is an Power of -Claims 8. Attorney -Abstract of the Disclosure 9. English Translation Document (if applicable) Information Disclosure Copies of IDS 10 X 3. Drawing(s) (35 U.S.C. 113) [Total Sheets 10. Statement (IDS)/PTO-1449 Citations 1 Oath or Declaration 3 11. Preliminary Amendment Total Sheets Return Receipt Postcard (MPEP 503) Χ Newly executed (original or copy) 12. X (should be specifically itemized) Small Entity Copy from a prior application (37 C.F.R. .§ 1.63 (d)) Statement(s) Statement filed in prior application, 13. (for continuation/divisional with Box 16 completed (PTO/SB/09-12) Status still proper and desired Certified Copy of Priority Document(s) i. DELETION OF INVENTOR(S)
Signed statement attached deleting X 14. (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTIT FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28) 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: □ Divisional ☐ Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS 23400 or

Correspondence address below (Insert Customer No. or Attach bar code label here) Name Address City Zip Code State Country Fax Telephone (703) 707-9110 (703) 707-9112 Name (Print/type) **DAVID G. POSZ** Registration No. (Attorney/Agent) 37,701

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OMB 0651-0032

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PATENT APPLICATION TRANSMITTAL

Attomey Docket No. 12-044 First Inventor or Application Identifier **UENOYAMA** MAGNETIC SENSOR ADJUSTING METHOD,

TIVATOMITIAL	MAGNETIC SENSOR ADJUSTING DEVICE AND MAGNETIC SENSOR					
(Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))	Express Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application content	Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, VA 22313-1450					
* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) * Specification	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS					
-Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 10 4. Oath or Declaration [Total Sheets 3 a. X Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.6 (for continuation/divisional with Box 16 completed i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) NOTE FOR ITEMS 1.8 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT VIF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)	13. (PTO/SB/09-12) Status still proper and desired 14. X Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Other:					
☐ Continuation ☐ Divisional ☐ Continuation-in-part (C Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire dis under Box 4b, is considered a part of the disclosure of the accompa The incorporation can only be relied upon when a portion has be	Group/Art Unit:					
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Customer Number or Bar Code Label (Insert Customer I	On Correspondence address below No. or Attach bar code label here) On □ Correspondence address below					
Name						
Address						
Country	State Zip Code					
Country Telepi	hone (703) 707-9110 Fax (703) 707-9112					
Name (Print/type) DAVID G. POSZ	Registration No. (Attorney/Agent) 37,701					
Signature	Date March 30, 2004					

12-044

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	Complete if Known					
FEE TRANSMITTAL	Application Number					
	Filing Date	March 26, 2004				
for FY 2004	First Named Inventor	UENOYAMA				
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name					
Applicant Claims small entity status. See 37 CFR 1.27	Art Unit					

Attorney Docket No.

TOTAL AMOUNT OF PAYMENT

METHOD OF PAYMENT (check all that apply) Second None Deposit Account Depos	TOTAL AMOUNT OF PAYMENT (\$) 810 Attorney Docket No. 12-044												
Deposit Account	METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
Deposit Account						<u> </u>	_						
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Code 61 Code Co	l — .					_	_						
Substitute Sub		it Ac	count						(\$)	Code	(\$)	Fee Description	Fee Paid
Commissioner is authorized to: (check all that apply) Charge fee(s) indicated bed; Check all that apply) Charge fee(s) indicated bed; Charge fee(Account	50	-114	7	_			1051	130	2051	65	Surcharge – late filing fee or oath	
Charge fee(s) indicated below Charge free (s) indicated below Charge any additional feets) outring the pendency of this application 1804 920* 1804 920* 1804 920* 1805 1,840* 1805 1	Account	P	OSZ	& E	BETH	ARDS	, PLC	1052	50	2052	25		
Charge any additional fee(s) during the pendency of this application of SiR prior to charge fee(s) inclinated deposit account.								1053	130	1053	130	Non-English specification	
Charge feet(s) indicated below, except for the filling fee to the above-identified depoil account.								•			•		
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1. BASIC FILING FEE 110 125 110 125 110 125 110 125 110 125 110 125	_					or the filing f	3 e	1805	1,840*	1805	1,840*		
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1001 770 2001 385 Utility filing fee 770 1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal 1402 330 2401 165 Notice of Appeal 1403 1405 Notice of Appeal 1403 1403 1405	Fee Fee			Fee (\$)	Fee D	escription	Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Claims		•				·		1452	110	2452	55	Petition to revive – unavoidable	
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Total Claims 12 -20" = 0 X 18 = 0 1503 640 2503 320 Plant issue fee	2. EXTRA	\ CI	LAIM F	EES	FOR U	TILITY A	ND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
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1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims over original patent 1204 86 2204 43 **Reissue claims in excess of 20 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0 1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b)) 1802 900 1802 900 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application		- 1	Small E	Entity				1806	180	1806	180	Submission of Information Disclosure Strnt	
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				*Reduc	ed by Bas	ic Filing	Fee Paid	SUBTOTAL (3) (\$) 40					

SUBMITTED BY	Complete (if	Complete (if applicable)			
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature	Sin			Date	March 30, 2004

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